Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2026 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2026 CoC Program Competition NOFO.
- YHDP projects must state they were awarded under the YHDP program on screen 3A and answer the YHDP specific page that follows.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	YHDP Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/26/2026
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	IN0245
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	City of Indianapolis
b. Employer/Taxpayer Identification Number (EIN/TIN):	35-6001063
c. Unique Entity Identifier:	UC2LTU2LWHF1
d. Address	
Street 1:	200 East Washington Street
Street 2:	Suite 2042
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip / Postal Code:	46204
e. Organizational Unit (optional)	
Department Name:	Metropolitan Development
Division Name:	Community Investments
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Victoria
Middle Name:	
Last Name:	Jennings
Suffix:	
Title:	Principal Program Manager
Organizational Affiliation:	City of Indianapolis
Telephone Number:	(317) 327-5866
Extension:	

Fax Number: (317) 327-5899
Email: victoria.jennings@indy.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key) Indiana

15. Descriptive Title of Applicant's Project: 2027 YHDP Outreach System Navigation

16. Congressional District(s):

16a. Applicant: IN-007, IN-004

16b. Project: (for multiple selections hold CTRL key) IN-007, IN-004

17. Proposed Project

a. Start Date: 10/01/2027

b. End Date: 09/30/2028

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Beth
Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Telephone Number: (Format: 123-456-7890)	(317) 327-3701
Fax Number: (Format: 123-456-7890)	(317) 327-3701
Email:	Beth.Neville@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 2/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Indianapolis
Prefix:	Ms.
First Name:	Beth
Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Organizational Affiliation:	City of Indianapolis
Telephone Number:	(317) 327-3701
Extension:	
Email:	Beth.Neville@indy.gov
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip/Postal Code:	46204

2. Employer ID Number (EIN): 35-6001063

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $145,860.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Indiana Housing and Community Development Authority; 30 S Meridian St, Suite 900, Indianapolis, IN 46204	Federal Grant	$500,000.00	Hard and Soft Construction Costs
City of Indianapolis; 200 E Washington St., Ste 2040, Indianapolis, IN 46204	Federal or Local Grants	$500,000.00	Hard and Soft Construction Costs
Indiana Housing and Community Development Authority; 30 S Meridian St., Ste 900, Indianapolis, IN 46204	Tax Credit Award	$10,918,908.00	Tax Credit Equity for Construction Costs
Indiana Housing and Community Development Authority; 30 S Meridian St., Ste 900, Indianapolis, IN 46204	Loan	$500,000.00	Hard and Soft Construction Costs

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.	X

Name / Title of Authorized Official: Beth Neville, Administrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/26/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Indianapolis

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.	X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix:	Ms.
First Name:	Beth
Middle Name	
Last Name:	Neville
Suffix:	
Title:	Administrator
Telephone Number: (Format: 123-456-7890)	(317) 327-3701
Fax Number: (Format: 123-456-7890)	(317) 327-3701
Email:	Beth.Neville@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2026

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Indianapolis
Name / Title of Authorized Official:	Beth Neville, Administrator
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
OMB Number: 4040-0013 Expiration Date: 06/30/2028

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Indianapolis
Street 1:	200 East Washington Street
Street 2:	Suite 2042
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip / Postal Code:	46204

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Beth
Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Telephone Number: (Format: 123-456-7890)	(317) 327-3701
Fax Number: (Format: 123-456-7890)	(317) 327-3701
Email:	Beth.Neville@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2026

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 07/31/2028

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1.	Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2.	Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3.	Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4.	Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5.	Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6.	Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination
	on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7.	Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8.	Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: [X]

Authorized Representative for: City of Indianapolis
Prefix: Ms.
First Name: Beth

Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2026

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time?	Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?	No
3. Do you draw funds quarterly for your current renewal project?	Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?	No

YHDP Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.
   a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
   b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this YHDP renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $124,091

Organization	Type	Type	Sub-Award Amount
Outreach Inc	M. Nonprofit with 501C3 IRS Status		$124,091

2A. Project Subrecipients Detail

a. Organization Name: Outreach Inc

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 35-1989358

d. Unique Entity Identifier: X6MUE2C7EJJ5

e. Physical Address

Street 1: 2416 E. New York St.

Street 2:

City: Indianapolis

State: Indiana

Zip Code: 46201

f. Congressional District(s): (for multiple selections hold CTRL key) IN-007

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $124,091

j. Contact Person

Prefix: Ms.

First Name: Kelsie

Middle Name:

Last Name:	Stringham-Marquis
Suffix:	
Title:	Director Of Community Partnerships
E-mail Address:	kstringham@outreachindiana.org
Confirm E-mail Address:	kstringham@outreachindiana.org
Phone Number:	317-951-8886
Extension:	
Fax Number:	

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	IN0245
2. CoC Number and Name:	IN-503 - Indianapolis CoC
3. CoC Collaborative Applicant Name:	City of Indianapolis
4. Project Name:	2027 YHDP Outreach System Navigation
5. Project Status:	Standard
6. Component Type:	SSO
6a. Please select the type of SSO project:	Standalone Supportive Services
7. Is your agency or expected subrecipient a victim service provider, as defined in 24 CFR 578.3?	No
8. Was this project funded under the Youth Homeless Demonstration Program (YHDP)?	Yes
10. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

1. Provide a description of the project. This MUST include the following: Entire scope, who the project will serve, activities offered and staffing.

This project serves as the front door for the Coordinated Entry System for YYA. The proposal is for a System-wide YYA Navigator and CES Assessor. In collaboration with YYA, Navigator will triage needs, facilitate CES Assessments, and connection to community resources to meet goals of identified YYA. A&C has been an active in CES Refinement workgroups, advocating for the need of full-time YYA specific Navigators. The project will work with both existing partners as well as form new partnerships to ensure that all YYA are served. Some existing partners include Wheeler Mission, IPS school system, Lawrence, Washington, and Pike Township Schools, Stopover, PBSO, IYG, HIP and Children's Bureau. The Navigator will work in concert with school social workers, McKinney-Vento Liaisons, homeless service providers and other agency staff to identify, engage, and assess the housing and service needs of YYA. Eligibility includes all YYA in Marion Co. experiencing literal homelessness, imminent risk of homelessness or fleeing/attempt to flee DV. Targeted populations include unaccompanied minors, pregnant & parenting minors, unaccompanied YA (18-24), pregnant & parenting YA (18- 24), and all special populations. The project will exhibit flexibility in meeting the needs of YYA by eliminating barriers to access and meeting YYA at their preferred location. This includes being flexible in where, when, and how Navigation is conducted. This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness. Our overall goal is to align with the community's plan for YYA homelessness to be rare, short- lived, and recoverable. Ensuring timely and quality assessment, YYA are matched with housing interventions based on level of need which greatly improves housing outcomes. This project will have an inviting front door that takes into consideration the trauma of experiencing homelessness and instills hope in YYA. Staff from this project will walk alongside the YYA in their journey. All staff are trained in ongoing trauma-informed care best practices and approaches. This is vital to not re-traumatize YYA or add on to system trauma, so that YYA feel welcomed, valued, and heard. This definition matches the input provided by the YYA workgroup. Our performance measures include timeliness of responding to the YYA or referral source, the number of YYA assessed, the timeliness in completing CES Housing Needs Assessments, and gathering of supportive documents. A favorable outcome will be the number of YYA who exit into housing services including permanent housing. Another outcome measure will include the number of YYA connected to resources including behavioral health, primary care, substance use, community supports, employment, and education

1a. Specify how this project will incorporate the principles of Positive Youth Development?

Outreach Inc uses a strengths-based approach that builds rapport to understand those strengths so they highlight those for our clients. They then build on those to help our clients find meaning social groups, plug into their communities (such as being part of our YAB committee), and identify fulfilling employment as we see all this leads to positive youth development. Having the open space at Outreach where clients can take classes, have a meal, use computers, do laundry and more, the Youth and Young Adults find community and work together for positive development.

1b. Specify how this project will incorporate the principles of Trauma Informed Care?

All YHDP staff undergo ongoing Trauma Informed Care training. The staff are trained to recognize signs and symptoms of trauma and to understand its prevalence and impact on the populations we serve.

Policies and procedures, intake documents, participant reviews, and organizational practices are designed to avoid practices and procedures that may re-traumatize clients. The organization recognizes the intersectionality of our clients' identities and how these play into systemic and institutional trauma. All YHDP organizations aim to create safe and affirming spaces that avoid marginalization and re-traumatization.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	☐	Survivors	☐
Veterans	☐	Substance Use Disorders	☐
Youth (under 25)	☒	Mental Illness	☐
Families with Children	☐	HIV/AIDS	☐
		Chronic Homeless	☐
		Other (Click 'Save' to update)	☐

Youth Homeless Demonstration Projects

1. What services are provided to engage family and youth to maintain housing? (You may select more than one)

Family counseling	
Conflict Resolution	
Parenting Supports	
Relative or kinship caregiver resources	
Targeted substance abuse and mental health treatment	
Housing Search Assistance	X
Landlord-Tenant mediation	
Legal Services	
Utilty or Security Deposits	
One time moving assistance	
Rental Application fees	
Utility or Rental Arrears	
Other (if other selected, use textbox to explain the potential service)	

2. Is this a Host Homes Project OR will this project dedicate funding under the Supportive Services budget to host homes? No

3. Does this project plan to use Rental Assistance? No

4. Will your project offer any specialized services for youth living with HIV/AIDS? No

Youth Action Board

1. Is there a project level Youth Action Board (YAB) Yes

1a. If Yes, how many active members are currently involved in the YAB? 10

1b. What is the compensation policy for YAB Members?

YAB member are valued stakeholders and are encouraged to participate at every level of decision making within the community. All participants are compensated (paid with actual money, not gift cards) for their time with a range of $17 - $50 depending on the task required of the YAB.

1c. How will the applicant ensure that the YAB will be involved in the implementation and evaluation of this project?

The YAB consists of young people who have been a part of these programs or are part of YABs for each project. The YAB members will have opportunity for feedback, voting on decisions made, and how to address issues that may arise in the program. We are part of a provider community that has met on a few occasions to support and re-ignite YAB participation and activity. Case conferencing is essential so that each YHDP organization understands each other's programs in order to educate on various programs. Additionally, this allows organizations to discuss needs and see how they can partner to meet those needs. When youth and young adult clients are matched to a program, intake is a crucial step. Organizations have the ability to walk through services that they can provide. Clients then have the say as to whether they want to match to that program or be placed in a different program. Clients always have choices when it comes to programs and their overall needs.

1d. How will the applicant plan recruitment and sustainability policies for the YAB?

1e. If no, how quickly will the YAB be implemented ?

2. Describe your continuous quality improvement plan and how the YAB is involved?

Through our program's client participation, we will receive direct feedback from participants about plans and directives the YAB creates. Additionally, a staff member from the YouthLink team will periodically attend YAB meetings to participate in adapting a Continuous Quality Improvement Plan and bring back information to the team to implement within our programming.

Special YHDP Activities

1. Is the YHDP Renewal project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? Yes

2. Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply)

Reminder, certain activities require a Supportive Services budget connection. Review the Detailed Instructions to learn more

IV.B.2.a(1) Leases under 12 months (minimum 1 month) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	
IV.B.2.a(2) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH) - (ELIGIBLE ONLY FOR PH & JOINT)	
IV.B.2.a(3) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	X
IV.B.2.a(4) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness) - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	X
IV.B.2.a(5) Employ youth receiving recipient services (document nature of work and no conflicts of interest) - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	X
IV.B.2.a(6) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up 24 months of housing assistance (document standards applied to units and proof of compliance) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	
IV.B.2.a(7) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	
IV.B.2.a(8) Provide payments for families that provide housing under host homes and kinship care (up to $500 per month) - (ELIGIBLE ONLY FOR HOST HOME & KINSHIP CARE)	
IV.B.2.a(9) YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance.	
No Special YHDP Activities Requested	

3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply) - Eligible only to projects with a Supportive Services BLI

IV.B.2.a(11)(a) Security deposits (not to exceed 2 months of rent)		IV.B.2.a(11)(b) Pay for damage to units (not to exceed 2 months rent)	
IV.B.2.a(11)(c) Costs to provide household cleaning supplies		IV.B.2.a(11)(d) Housing start-up expenses (not to exceed $300 per participant)	
IV.B.2.a(11)(e) Purchase cell phone and service (cost must be reasonable and housing related)		IIV.B.2.a(11)(f) Cost of Internet (costs must be reasonable)	
IV.B.2.a(11)(g) Payment of rental arrears (up to 6 months)		IV.B.2.a(11)(h) Payment of utility arrears (up to 6 months)	
IV.B.2.a(11)(i) Payment of utilities (up to 3 months)		IV.B.2.a(11)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services	X
IV.B.2.a(11)(k) Payment of Legal fees		IV.B.2.a(11)(l) Payment of insurance, registration and past driving fines	X
IV.B.2.a(12) Recipients of housing projects (RRH, TH, TH-RRH, and PSH) may use YHDP funds to pay for owner incentive and retention payments before occupancy of the unit, or at any point thereafter, provided that the overall amount paid with program funds per unit occupied by the program participant does not exceed three times the rent charged for the unit. These payments may include signing bonuses (a payment offered to an owner as an incentive for leasing a unit to be occupied by a program participant), repairs to bring the unit into compliance with program requirements, or holding fees to reserve a unit for an individual or family experiencing homelessness.		IV.B.2.a(13) Recipients of Transitional Housing projects may use Single Room Occupancy (SRO) units to house youth. SRO units are subject to regulations at 24 CFR 982.602 and 24 CFR 982.605. Fair Market Rent (FMR) and utility costs for SROs are calculated as 75% of the zero-bedroom FMR and utility costs, respectively	
IV.B.2.a(14) Rental Assistance may be administered by nonprofit providers, Tribes, and TDHEs, in addition to the organizations listed in 24 CFR 578.51(b).			
None			

4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. if a special activity is selected, the applicant must provide a narrative response addressing the criteria in the special activity. (Select all that apply)

IV.B.2.b(1) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance. - (ELIGIBLE ONLY FOR PH-RRH)	
IV.B.2.b(2) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	
IV.B.2.b(3) YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants. Note: Supportive Services for 36 months is only for projects that are pairing supportive services with other other housing assistance programs. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	
II.C Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community. Note: specify why resources cannot be used as match for this project - (ELIGIBLE FOR ALL PROJECTS)	
II.C Recipients will not be required to meet the 25% match requirement provided for in III.C of the YHDP NOFO and 24 CFR 578.73 if the recipient does not have other currently active CoC or YHDP grants. If permitted by future Appropriations Acts, HUD will continue the match exemption for the YHDP grant funded under this NOFO under the first and second renewal or replacement of the project under the Continuum of Care competition.	
IV.B.2.b(4) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy. - (ELIGIBLE ONLY FOR PROJECTS WITH RENTAL ASSISTANCE, LEASING OR OPERATING BLI)	
IV.B.2.b(5) YHDP recipients may provide payments of up to $1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program. - (ELIGIBLE ONLY FOR HOST HOMES & KINSHIP CARE)	
IV.B.2.b(6) YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services. - (ELIGIBLE ONLY FOR JOINT)	
No Exemptions Requested.	X

5. Innovative Activities IV.B.2.c

a. Is the applicant requesting an Innovative Activity that is not currently allowed under 24 CFR 578 or the above YHDP Special Activities?	No

4A. Supportive Services for Participants

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Partner	Weekly
Child Care		Non-Partner	As needed
Education Services		Partner	Monthly
Employment Assistance and Job Training		Subrecipient	Monthly
Food		Partner	Weekly
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	Monthly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	Monthly
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Non-Partner	As needed

2. How will the project allow youth the ability to choose the providers and interventions that fit their needs?

Case conferencing is essential so that each YHDP organization understands each other's programs in order to educate on various programs. Additionally, this allows organizations to discuss needs and see how they can partner to meet those needs. During assessments, the Navigators will be fully training in the different YHDP projects and able to describe the services offered, so Youth and Young Adults are informed through the entire process. When youth and young adult clients are matched to a program, intake is a crucial step. Organizations have the ability to walk through services that they can provide. Clients then have the say as to whether they want to match to that program or be placed in a different program. Clients always have choices when it comes to programs and their overall needs.

3. How will the project respond to the different needs for service type, intensity, and length of supports for youth?

YHDP organizations use progressive engagement model focusing on individualized supports that will be pave the way to long term success. As well, case management load aim to be 20 clients for every one case manager so that that case manager can assist the client in their individualized needs. YHDP organizations also partner with one another and with local organizations to provide as many services as possible so that clients have choice.

4. If applicable, how will this project utilize non-HUD funded supportive services?

This project utilizes supportive services through the Outreach program centers, which are privately funded. Every YouthLink client is offered an intake through the Outreach program centers in order to access a multitude of services, including (but not limited to) hot meals, showers, laundry, mail access, computer lab access, assistance with obtaining identification, school and employment connections, and additional community resource connection with our resource advocate. These centers are accessible in different areas of town, as there are locations on the near east side, northeast side, south side, as well as a west side location opening in the coming months.

8. What outcomes will your project track to determine success?

Positive Housing Exit Destination	
Positive School Status	
Increased income/employment	
Community Connections	
Improved Well-being	
Other	

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2026 HMIS Data Standard Manual?	Yes
2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.).	Yes
3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?	Yes
4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?	Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

Governance Charters and HMIS Policies and Procedures are reviewed annually and updated as necessary. Proposed changes and updates are shared with stakeholders directly as appropriate and in bi-monthly HMIS Committee Meetings which are composed of interested stakeholders for approval. Subsequent decisions are communicated out to the CoC through HMIS User Group meetings, e-mail blasts, and HMIS dashboard posts as appropriate, and relevant documents are posted on the CoC website when necessary.

6. Who is responsible for ensuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

The Coalition for Homelessness Intervention and Prevention is responsible for communicating out and monitoring privacy and security standards via user training and support and agency site visits. Privacy and security standards requirements are included in the HMIS Policies and Procedures and in the privacy policy. Agencies, such as HealthNet, are responsible for adhering to HMIS Policies and Procedures including privacy and security practices within their organization as stated in the Agency Agreement.

7. Do you update your Privacy Notice annually and provide a copy to all HMIS users? Yes

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

Per the HMIS Policies and Procedures, the individual witnessing or experiencing a security breach must notify their agency's security officer as well as the HMIS Lead. A security breach consists of an incident where client data and/or system access information as been lost, stolen or missing. The HMIS Lead will then notify the Agency's HMIS Site Administrator of any corrective action, up to and including termination of the User's and Agency's participation in the HMIS.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 0

Total Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
None	---	--	--

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

1. Housing Type: None

5A. Program Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		1		1

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24				0
Persons ages 18-24		1		1
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	1	0	1

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24	1									
Total Persons	1	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

1. Renewal Grant Term: 1 Year
This field is pre-populated with a one-year grant term and cannot be edited:

2. Select the costs for which funding is requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	X
VAWA	X
Rural	

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6E. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

STAFF ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1a. Assessment of Service Needs (STAFF COSTS ONLY)		
2a. Assistance with Moving Costs (STAFF COSTS ONLY)		
3a. Case Management (STAFF COSTS ONLY)	1 FTE CES Assessor, 1 FTE System Navigator, and .19 FTE Leadership oversight (salary/benefits, payroll tax, equipment)	$127,225
4a. Child Care (STAFF COSTS ONLY)		
5a. Education Services (STAFF COSTS ONLY)		
6a. Employment Assistance (STAFF COSTS ONLY)		
7a. Food (STAFF COSTS ONLY)		
8a. Housing/Counseling Services (STAFF COSTS ONLY)		
9a. Legal Services (STAFF COSTS ONLY)		
10a. Life Skills (STAFF COSTS ONLY)		
11a. Mental Health Services (STAFF COSTS ONLY)		
12a. Outpatient Health Services (STAFF COSTS ONLY)		
13a. Outreach Services (STAFF COSTS ONLY)		
14a. Substance Abuse Treatment Services (STAFF COSTS ONLY)		
15a. Transportation (STAFF COSTS ONLY)	Staff mileage at .50 per mile	$2,001
16a. Utility Deposits (STAFF COSTS ONLY)		
17a. Operating Costs (STAFF COSTS ONLY)		
Total Annual Assistance Requested		$129,226
Grant Term		1 Year
Total Request for Grant Term		$129,226
Total Staff Requested for Project		

A quantity AND description must be entered for each requested cost.

ACTIVITY ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1b. Assessment of Service Needs (ACTIVITY COSTS ONLY)		
2b. Assistance with Moving Costs (ACTIVITY COSTS ONLY)	Household Supplies and housing start up	$1,200
3b. Case Management (ACTIVITY COSTS ONLY)		
4b. Child Care (ACTIVITY COSTS ONLY)		
5b. Education Services (ACTIVITY COSTS ONLY)		
6b. Employment Assistance (ACTIVITY COSTS ONLY)		
7b. Food (ACTIVITY COSTS ONLY)		
8b. Housing/Counseling Services (ACTIVITY COSTS ONLY)	Cellphones	$800
9b. Legal Services (ACTIVITY COSTS ONLY)		
10b. Life Skills (ACTIVITY COSTS ONLY)		

11b. Mental Health Services (ACTIVITY COSTS ONLY)		
12b. Outpatient Health Services (ACTIVITY COSTS ONLY)		
13b. Outreach Services (ACTIVITY COSTS ONLY)		
14b. Substance Abuse Treatment Services (ACTIVITY COSTS ONLY)		
15b. Transportation (ACTIVITY COSTS ONLY)	Car Insurance, Mileage, Uber/Lyft Rides to critical appointments transitions for 60 YYA, Drivers education for minors	$2,000
16b. Utility Deposits (ACTIVITY COSTS ONLY)		
17b. Operating Costs (ACTIVITY COSTS ONLY)		
18. Security Deposits (Only use if no Rental Assistance Budget)		
Total Annual Assistance Requested		$4,000
Grant Term		1 Year
Total Request for Grant Term		$4,000
Supportive Services BLI Total		$133,226

Click the 'Save' button to automatically calculate totals.

6G. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen “6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	Outreach 40.00$/User/Month 1FTE A&C 20.00$/User/Month 1FTE	$816
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$816
Grant Term:		1 Year
Total Request for Grant Term:		$816

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

The Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements.Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	$0
Estimated budget amount for VAWA Confidentiality Requirements:	
CoC VAWA BLI Total:	$0

Grant Term	1 Year
Total Request for Grant Term	$0

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Amount of Cash Commitments:	$36,465
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$36,465

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Private	Outreach Private ...	$36,465

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Outreach Private Donations
4. Amount of Written Commitment:	$36,465

6I. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	$0
1b. Leased Structures (Screen 6C)	$0
2. Rental Assistance (Screen 6D)	$0
3. Supportive Services (Screen 6E)	$133,226
4. Operating (Screen 6F)	$0
5. HMIS (Screen 6G)	$816
6. VAWA	$0
7. Rural	$0
8. Sub-total of CoC Program Costs Requested	$134,042
9. Admin (Up to 10% of Sub-total in #7)	$11,818
10. HUD funded Sub-total + Admin. Requested	$145,860
11. Cash Match (From Screen 6H)	$36,465
12. In-Kind Match (From Screen 6H)	$0
13. Total Match (From Screen 6H)	$36,465
14. Total Project Budget for this grant, including Match	$182,325

Breakout of BLI Costs	
1a. Leased Units	0%
1b. Leased Structures	0%
2. Rental Assistance	0%
3. Supportive Services	91%

4. Operating	0%
5. HMIS	1%
6. VAWA	0%
7. Rural	0%
8. Admin (Up to 10%)	8%
9.Total Assistance plus Admin Requested	$145,860

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of Indianapolis

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	X
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Submission Type:	Initial Submission
Effective Date:	02/03/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Beth
Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Telephone Number: (Format: 123-456-7890)	(317) 327-3701
Fax Number: (Format: 123-456-7890)	(317) 327-3701
Email:	Beth.Neville@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 02/03/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Outreach Inc 501 ...	09/12/2022
2) Other Attachmenbt	No	FY 2022 YHDP Outr...	08/11/2023
3) Other Attachment	No	Project Replaceme...	09/21/2022

Attachment Details

Document Description: Outreach Inc 501 c3 Letter

Attachment Details

Document Description: FY 2022 YHDP Outreach System Navigation

Attachment Details

Document Description: Project Replacement Letters

7B. Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title) U.S. Department of Housing and Urban Development OMB Approval No. 2501-0044 (expires 02/28/2027)

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Beth Neville

Date: 09/26/2026

Title: Administrator

Applicant Organization: City of Indianapolis

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).	X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/28/2026
1B. SF-424 Legal Applicant	07/28/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/28/2026
1E. SF-424 Compliance	07/28/2026
1F. SF-424 Declaration	07/28/2026
1G. HUD 2880	07/28/2026
1H. HUD 50070	07/28/2026
1I. Cert. Lobbying	07/28/2026
1J. SF-LLL	07/28/2026
IK. SF-424B	07/28/2026
Recipient Performance	No Input Required
YHDP Grant Expansion	07/28/2026
2A. Subrecipients	07/28/2026
3A. Project Detail	07/28/2026
3B. Description	07/28/2026
Youth Homeless Demonstration Projects	07/28/2026
Youth Action Board	07/28/2026
Special YHDP Activities	07/28/2026
4A. Services	07/28/2026
4A. HMIS Standards	No Input Required
4B. Housing Type	07/28/2026
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	No Input Required
6E. Supp Srvcs Budget	09/26/2026
6G. HMIS Budget	09/26/2026

VAWA Budget	No Input Required
6H. Match	09/26/2026
6I. Summary Budget	No Input Required
Indirect Cost Information	07/28/2026
7A. Attachment(s)	07/28/2026
7B. Certification	07/28/2026

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248467585
July 18, 2012 LTR 4168C E0
35-1989358 000000 00
00023645
BODC: TE

OUTREACH INC
% ERIC HOWARD
2822 E NEW YORK ST
INDIANAPOLIS IN 46201-3322

25295

Employer Identification Number: 35-1989358
Person to Contact: Mrs Pamela Skiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 09, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1996.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2022 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	YHDP Replacement Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/21/2022
4. Applicant Identifier:	
4a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	City of Indianapolis
b. Employer/Taxpayer Identification Number (EIN/TIN):	35-6001063
c. Unique Entity Identifier:	UC2LTU2LWHF1
d. Address	
Street 1:	200 East Washington Street
Street 2:	Suite 2042
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip / Postal Code:	46204
e. Organizational Unit (optional)	
Department Name:	Metropolitan Development
Division Name:	Community Economic Development
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Natalie
Middle Name:	
Last Name:	Roberts
Suffix:	
Title:	CoC Grant Manager
Organizational Affiliation:	City of Indianapolis
Telephone Number:	(317) 327-5806
Extension:	

Fax Number: (317) 327-5908
Email: natalie.roberts@indy.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6600-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key) Indiana

15. Descriptive Title of Applicant's Project: 2023 YHDP Outreach System Navigation

16. Congressional District(s):

16a. Applicant: IN-007

16b. Project: (for multiple selections hold CTRL key) IN-007

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 09/30/2024

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults2@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2022

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Indianapolis
Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Organizational Affiliation:	City of Indianapolis
Telephone Number:	(317) 327-5899
Extension:	
Email:	jennifer.fults2@indy.gov
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip/Postal Code:	46204

2. Employer ID Number (EIN): 35-6001063

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: $130,000.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
OVW	Federal Grant	$31,575.00	Services
Domestic Violence Prevention and Treatment	Federal Grants	$25,000.00	Services
SSFV	Federal Grants	$1,000,000.00	Services/Rents
VOCA Victims of Crime Act	Federal Grant	$39,024.00	Services

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
na		na	$0.00	0%
na		na	$0.00	0%
na		na	$0.00	0%
na		na	$0.00	0%
na		na	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Indianapolis

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.	X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults2@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Indianapolis

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/21/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Indianapolis
Street 1:	200 East Washington Street
Street 2:	Suite 2042
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip / Postal Code:	46204

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults2@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2022

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1.	Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2.	Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3.	Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4.	Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5.	Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6.	Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination
	on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7.	Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8.	Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: [X]

Authorized Representative for: City of Indianapolis
Prefix: Mrs.
First Name: Jennifer

Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2022

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $124,091

Organization	Type	Sub-Award Amount
Outreach Inc	M. Nonprofit with 501C3 IRS Status	$124,091

2A. Project Subrecipients Detail

a. Organization Name:	Outreach Inc
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number:	35-1989358
d. Unique Entity Identifier	X6MUE2C7EJJ5
e. Physical Address	
Street 1:	2416 E. New York St.
Street 2:	
City:	Indianapolis
State:	Indiana
Zip Code:	46201
f. Congressional District(s): (for multiple selections hold CTRL key)	IN-007
g. Is the subrecipient a Faith-Based Organization?	Yes
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$124,091
j. Contact Person	
Prefix:	Ms.
First Name:	Kelsie
Middle Name:	
Last Name:	Stringham-Marquis
Suffix:	

Title:	Director Of Community Partnerships
E-mail Address:	kstringham@outreachindiana.org
Confirm E-mail Address:	kstringham@outreachindiana.org
Phone Number:	317-951-8886
Extension:	
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Since 1996, Outreach has been serving homeless youth and young adults ages 14-24 by meeting basic needs, connecting to community resources, and building healthy relationships. In 2019, nearly 500 youth spent 20,915 hours interacting with staff and volunteers. Case managers made 300 employment referrals, 285 housing referrals, and 380 combined referrals for assistance with health insurance, legal assistance, identification and documentation, and other employment or educational needs. Outreach, Inc. has a history of creating programs and securing funds from a variety of sources. From 2016-2019, Outreach partnered with Adult & Child, Eskenazi Health, Horizon House, and Pour House in the federally funded I-Host project that supported YYA in their substance abuse and mental health needs. The Chief Development Officer plans and implements an annual funding, marketing, and resources plan in collaboration with the CEO and the board of directors. Through ongoing relationships, Outreach has secured significant funding from Lilly Endowment and several funds within the Central Indiana Community Foundation as well as annual major gifts from individuals. Outreach was a sub-recipient of a 3-year SAMHSA grant from 2016-2019. Outreach has an administrative team that manages the overall base and financial management operations of the organization (Office Manager, Director of Operations, CFO, and Accountant). Outreach's Accountant uses classes and/or customer designation in QuickBooks to track grant expenses against grant income. Outreach segregates grant-related expenditures from other program and administrative expenditures. Grant-funded staff time is tracked via a timesheet that documents the dates and hours of activities performed. The Outreach Accountant and Director of Operations analyze expenses on a monthly basis to ensure that they pertain to the grant budget period. Outreach's Chief Financial Officer validates this process

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Outreach has maintained a diverse balance of funding. The majority of funding (65 percent) is from local and private financial gifts, including those from individuals. About 30 percent is from companies and churches (10.5 percent), in-kind contributions (10.3 percent), and foundation grants (9.4 percent). Several family funds at the Central Indiana Community Foundation have supported Outreach's programming, as have significant grants from Lilly Endowment, signaling confidence in Outreach's programming and outcomes. Contributions from events are less than 5 percent of funding. Outreach also has experience in serving as a sub-recipient grantee for federal funds through a 3-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant from 2016-2019. Both unrestricted and restricted funding supports program and operating expenses – 82 percent toward program services, 16 percent to general operations, and 2 percent toward fundraising efforts.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

Led by CEO Andrew Neal, Outreach's leadership team includes individuals whose strengths and expertise complement each other and best serve the organization's mission and vision. The Director of Operations, Accountant, and Office Manager coordinate the financial management of Outreach's programming and operations. Overall administrative and financial management is overseen by the CEO and CFO in concert with the nine-member board of directors. Outreaches uses QuickBooks accounting software and its practices comply with Federal Acquisition Regulations and Cost Accounting Standards.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?	No

3A. Project Detail

1a. CoC Number and Name: IN-503 - Indianapolis CoC

2. CoC Collaborative Applicant Name: City of Indianapolis

3. Project Name: 2023 YHDP Outreach System Navigation

4. Project Status: Standard

5. Component Type: SSO

5a. Select the type of SSO project: Standalone Supportive Services

6. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3? No

8. Is this YHDP Replacement application requesting to replace an eligible YHDP renewal project that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? Yes

8a. List the expiring YHDP Renewal project involved in the YHDP Replacement

Full Grant Number	Operating Start Date	Operating End Date	Component Type	Project Name	Special YHDP Activity	YHDP Community
IN0245Y5H032100	10/01/2022	09/30/2023	SSO	2022 YHDP Adult & Child System Navigation	Yes	Indianapolis

IMPORTANT: For the expiring project listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2021 CoC Program Competition, a copy of the FY 2021 CoC Program Competition project application).

YHDP Replacement Projects cannot exceed the project budget set in the original YHDP Renewal.

8b. Provide a description that addresses the scope of the proposed YHDP Replacement during the first year of operation and why the YHDP Renewal is being replaced.

This project is the exact same as the existing Adult & Child System Navigation project. The only difference is to ask for a continuation of approved waivers/special activities and to ask for new special activities. and This project serves as the front door for the Coordinated Entry System for YYA. The proposal is for a System-wide YYA Navigator and CES Assessor. In collaboration with YYA, Navigator will triage needs, facilitate CES Assessments, and connection to community resources to meet goals of identified YYA. Outreach Inc has been an active in CES Refinement workgroups, advocating for the need of full-time YYA specific Navigators. The project will work with both existing partners as well as form new partnerships to ensure that all YYA are served. Some existing partners include Wheeler Mission, IPS school system, Lawrence, Washington, and Pike Township Schools, Stopover, PBSO, IYG, HIP and Children's Bureau. A favorable outcome will be the number of YYA who exit into housing services including permanent housing. Another outcome measure will include the number of YYA connected to resources including behavioral health, primary care, substance use, community supports, employment, and education.

8c. Please describe special activities attached to the original YHDP Renewal project being replaced and if you plan to reapply for the same special activities or new special activities.

The FY 2021 approved special activities include to extend allowable maximum number of months to be 36 months from 24 CFR 578.51(a)1(i); 24 CFR 578.37(a)1(ii)(C) and to expand definitions of eligible costs to include driver’s license fees, car repair fees and gas cards from 24 CFR 578.53(e)(15).

8d. How will this project meet the goals set under the Coordinated Community Plan (CCP) developed by the applicant's YHDP community?

The project is not changing its structure so it will meet the goals of the Coordinated Community Plan (CCP). In particular, this System Navigation project would meet the goal of improving identification and assessment of need at the front door of the homeless response system. A concentrated System Navigation where all youth and young adults are assessed allows for a more equitable assessment and streamlined approach.

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This project serves as the front door for the Coordinated Entry System for YYA. The proposal is for a System-wide YYA Navigator and CES Assessor. In collaboration with YYA, Navigator will triage needs, facilitate CES Assessments, and connection to community resources to meet goals of identified YYA. A&C has been an active in CES Refinement workgroups, advocating for the need of full-time YYA specific Navigators. The project will work with both existing partners as well as form new partnerships to ensure that all YYA are served. Some existing partners include Wheeler Mission, IPS school system, Lawrence, Washington, and Pike Township Schools, Stopover, PBSO, IYG, HIP and Children's Bureau. The Navigator will work in concert with school social workers, McKinney-Vento Liaisons, homeless service providers and other agency staff to identify, engage, and assess the housing and service needs of YYA. Eligibility includes all YYA in Marion Co. experiencing literal homelessness, imminent risk of homelessness or fleeing/attempt to flee DV. Targeted populations include unaccompanied minors, pregnant & parenting minors, unaccompanied YA (18-24), pregnant & parenting YA (18- 24), and all special populations. The project will exhibit flexibility in meeting the needs of YYA by eliminating barriers to access and meeting YYA at their preferred location. This includes being flexible in where, when, and how Navigation is conducted. This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness. Our overall goal is to align with the community's plan for YYA homelessness to be rare, short- lived, and recoverable. Ensuring timely and quality assessment, YYA are matched with housing interventions based on level of need which greatly improves housing outcomes. This project will have an inviting front door that takes into consideration the trauma of experiencing homelessness and instills hope in YYA. Staff from this project will walk alongside the YYA in their journey. All staff are trained in ongoing trauma-informed care best practices and approaches. This is vital to not re-traumatize YYA or add on to system trauma, so that YYA feel welcomed, valued, and heard. This definition matches the input provided by the YYA workgroup. Our performance measures include timeliness of responding to the YYA or referral source, the number of YYA assessed, the timeliness in completing CES Housing Needs Assessments, and gathering of supportive documents. A favorable outcome will be the number of YYA who exit into housing services including permanent housing. Another outcome measure will include the number of YYA connected to resources including behavioral health, primary care, substance use, community supports, employment, and education

1a. Provide a description that addresses how this project will follow Positive Youth Development.

Outreach Inc uses a strengths-based approach that builds rapport to understand those strengths so they highlight those for our clients. They then build on those to help our clients find meaning social groups, plug into their communities (such as being part of our YAB committee), and identify fulfilling employment as we see all this leads to positive youth development. Having the open space at Outreach where clients can take classes, have a meal, use computers, do laundry and more, the Youth and Young Adults find community and work together for positive development.

1b. Provide a description that addresses how this project will follow Trauma Informed Care.

All YHDP staff undergo ongoing Trauma Informed Care training. The staff are trained to recognize signs and symptoms of trauma and to understand its prevalence and impact on the populations we serve.

Policies and procedures, intake documents, participant reviews, and organizational practices are designed to avoid practices and procedures that may re-traumatize clients. The organization recognizes the intersectionality of our clients' identities and how these play into systemic and institutional trauma. All YHDP organizations aim to create safe and affirming spaces that avoid marginalization and re-traumatization.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	1			
Leased or rental assistance units or structure, and supportive services near 100% capacity				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)

N/A - Project Serves All Subpopulations	☐	Domestic Violence	☐
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☒	Mental Illness	☐
Families with Children	☐	HIV/AIDS	☐

Chronic Homeless	☐
Other (Click 'Save' to update)	☐

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	☐

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	☐

5d. Will the project follow a "Housing First" approach? Yes

6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?	No
7. Will more than 16 persons live in a single structure?	No

Youth Homeless Demonstration Projects

1. **Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness?** Yes

1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?

All eligible youth who are assessed will complete a barrier assessment that will inform goals and supportive services offered. Outreach Inc's existing network of community and internal referrals (including those with IYG, Trinity Haven, HealthNet, Adult & Child) will allow youth to be supported in health services, employment, parenting, independent living skills, financial literacy, and education. Referral relationships with most partners are already well established and will continue to be the communication of unmet needs for youth participants. New partnerships will be developed by the team Lead.

1b. What services are provided to engage the family and youth? (You may select more than one)

Family counseling	
Conflict Resolution	
Parenting Supports	
Relative or kinship caregiver resources	
Targeted substance abuse and mental health treatment	
Housing Search Assistance	X
Landlord-Tenant mediation	
Legal Services	
Utilty or Security Deposits	
One time moving assistance	
Rental Application fees	

Utility or Rental Arrears	
Other (if other selected, use textbox to explain the potential service)	

2. Is this a Host Homes Project? No

3. Please identify the specific populations addressed in this project

Pregnant/Parenting	X
Minors	X
Foster care/justice involved youth	X
LGBTQ+	X
Gender Non-Conforming	X
Victims of Sexual Trafficking	X
Other	

4. Does this project plan to use Rental Assistance? No

5. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects

YAB member are valued stakeholders and are encouraged to participate at every level of decision making within the community. All participants are compensated (paid with actual money, not gift cards) for their time with a range of $17 - $50 depending on the task required of the YAB. The YAB consists of young people who have been a part of these programs OR are part of YABs for each project. The YAB members will have opportunity for feedback, voting on decisions made, and how to address issues that may arise in the program.

6. Will your project offer any specialized services for youth living with HIV/AIDS? No

Special YHDP Activities

1. Is the YHDP Replacement project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? Yes

2. Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply)

V.B.4.a(5)(d)(i)(aa) Leases under 12 months (minimum 1 month)	☐
V.B.4.a(5)(d)(i)(bb) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH)	☐
V.B.4.a(5)(d)(i)(cc) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement	X
V.B.4.a(5)(d)(i)(dd) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)	X
V.B.4.a(5)(d)(i)(ee) Employ youth receiving recipient services (document nature of work and no conflicts of interest)	X
V.B.4.a(5)(d)(i)(ff) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up 24 months of housing assistance (document standards applied to units and proof of compliance)	☐
1V.B.4.a(5)(d)(i)(gg) Provide moving expense more than one time to a program participant	☐
V.B.4.a(5)(d)(i)(hh) Provide payments for families that provide housing under host homes and kinship care (up to $500 per month)	☐
No Special YHDP Activities Requested	☐

3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply)

V.B.4.a(5)(d)(i)(ii)(i) Security deposits (not to exceed 2 months of rent)		V.B.4.a(5)(d)(i)(ii)(ii) Pay for damage to units (not to exceed 2 months rent)	
V.B.4.a(5)(d)(i)(ii)(iii) Costs to provide household cleaning supplies		V.B.4.a(5)(d)(i)(ii)(iv) Housing start-up expenses (not to exceed $300 per participant)	
V.B.4.a(5)(d)(i)(ii)(v) Purchase cell phone and service (cost must be reasonable and housing related)		V.B.4.a(5)(d)(i)(ii)(vi) Cost of Internet (costs must be reasonable)	
V.B.4.a(5)(d)(i)(ii)(vii) Payment of rental arrears (up to 6 months)		V.B.4.a(5)(d)(i)(ii)(viii) Payment of utility arrears (up to 6 months)	
V.B.4.a(5)(d)(i)(ii)(ix) Payment of utilities (p to 3 months)		V.B.4.a(5)(d)(i)(ii)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services	X
V.B.4.a(5)(d)(i)(ii)(xi) Payment of Legal fees		V.B.4.a(5)(d)(i)(ii)(xii) Payment of insurance, registration and past driving fines	X
None			

4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. (Select all that apply)

V.B.4.a(5)(d)(i)(ii)(aa) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.	
V.B.4.a(5)(d)(i)(ii)(bb) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.	
V.B.4.a(5)(d)(i)(ii)(cc) YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants.	
V.B.4.a(5)(d)(i)(ii)(dd) Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community.	X
V.B.4.a(5)(d)(i)(ii)(ee) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy.	
V.B.4.a(5)(d)(i)(ii)(ff) YHDP recipients may provide payments of up to $1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program.	
No Exemptions Requested.	

Enter required additional information about your YHDP Special Activity Request

V.B.4.a(5)(d)(i)(ii)(dd):

Outreach Inc is taking all appropriate steps to gain the 25% match. However, with the size of the project, it has been difficult to meet the match. As well, having to meet all 25% of match for a large project hurts our smaller organizations that benefit our clients, but can't meet all 25%.

5. Innovative Activities V.B.4.a(5)(d)(i)(iii)

a. Is the applicant requesting an innovative activity?	No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness. System Navigators will collaborate with other homeless service providers and youth-preferred organizations to meet with YYA in both their preferred settings as well as on different platforms. Adult and Child will hire staff with lived experience enhancing the understanding of the unique needs and challenges of YYA experiencing homelessness. This allows for an authentic connection and collaboration to the YYA served. The youth development approach engages YYA within their communities, organizations, and peer groups. This project is the front door to CES, is renewable, and has 1 assessor and 1 navigator.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Staff will work with YYA on navigating a provider list and community resources that can meet their needs and align with their values. Should YYA choose A&C Health as preferred provider, we are able to provide supportive employment, primary and behavioral health care, evidence- based youth development programming, and addiction services. This project will work with YYA on connecting to a community of natural supports. Staff will work in the community and connect with YYA at youth preferred location. Youth choice is an important pillar to this project and YYA will have choice to engage with various partners at time of coordinated intake. This project will collaborate with YAB and YYA on the development of an initial screening tool to assess the YYA needs. Staff will link YYA after needs are identified. We have existing staff that will train on mainstream resources available with eligibility requirements in the Indianapolis community. The project will focus on linkage to housing, employment, behavioral health, substance use treatment, prevention, and support services. Additionally, an assessment for housing needs will be completed. YYA will have the choice to work alongside the Navigator, Assessor, and case managers linking to various resources within the community including A&C, Indy's YES program, Eskenazi, and Community Health Network to provide supports needed for participants to increase employments/income and to maximize their ability to live independently.

3. How will the project allow youth the ability to choose the providers and interventions that fit their needs?

Case conferencing is essential so that each YHDP organization understands each other's programs in order to educate on various programs. Additionally, this allows organizations to discuss needs and see how they can partner to meet those needs. During assessments, the Navigators will be fully training in the different YHDP projects and able to describe the services offered, so Youth and Young Adults are informed through the entire process. When youth and young adult clients are matched to a program, intake is a crucial step. Organizations have the ability to walk through services that they can provide. Clients then have the say as to whether they want to match to that program or be placed in a different program. Clients always have choices when it comes to programs and their overall needs.

4. How will the project respond to the different needs for service type, intensity, and length of supports for youth?

YHDP organizations use progressive engagement model focusing on individualized supports that will be pave the way to long term success. As well, case management load aim to be 20 clients for every one case manager so that that case manager can assist the client in their individualized needs. YHDP organizations also partner with one another and with local organizations to provide as many services as possible so that clients have choice.

5. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Partner	Weekly
Child Care		Non-Partner	As needed
Education Services		Partner	Monthly
Employment Assistance and Job Training		Subrecipient	Monthly
Food		Partner	Weekly
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	Monthly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	Monthly
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Non-Partner	As needed

Identify whether the project includes the following activities:

6. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	Yes
6a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events?	Yes
7. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?	No
8. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?	Yes
8a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual?

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.).

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units:

Total Beds:

Housing Type	Housing Type (JOINT)	Units	Beds
None	---	--	--

4B. Housing Type and Location Detail

1. Housing Type: None

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

Activity	Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	07/2022
HMIS Software Training	07/2022
Data Quality Training	07/2022
Security Training	03/2023
Privacy/Ethics Training	03/2023
HMIS PIT Count Training	11/2022
Other (must specify)	

5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		1		1

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24				0
Persons ages 18-24		1		1
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	1	0	1

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24	1									
Total Persons	1	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024?	Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition?	YHDP Replacement
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a Grant Term:	1 Year

5. Select the costs for which funding is requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	X

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)	No

6E. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1.0 FTE CES Assessor, 1.0 FTE System Navigators, and .19 FTE Leadership/oversight (salary, benefits, payroll tax, equipment	$116,061
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff mileage at $0.50 per mile	$1,401
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$117,462
Grant Term		1 Year
Total Request for Grant Term		$117,462

Click the 'Save' button to automatically calculate totals.

6G. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen “6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	Outreach 40.00$/User/Month 1FTE A&C 20.00$/User/Month 1FTE	$720
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$720
Grant Term:		1 Year
Total Request for Grant Term:		$720

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$33,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$33,000

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Private	Outreach Private ...	$33,000

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Outreach Private Donations
4. Amount of Written Commitment:	$33,000

6I. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$117,462
4. Operating	$0
5. HMIS	$720
6. Sub-total Costs Requested	$118,182
7. Admin (Up to 10%)	$11,818
8. Total Assistance plus Admin Requested	$130,000
9. Cash Match	$33,000
10. In-Kind Match	$0
11. Total Match	$33,000
12. Total Budget	$163,000

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Outreach Inc 501 ...	09/12/2022
2) Other Attachmenbt	No	FY 2021 Application	09/12/2022
3) Other Attachment	No	Project Replaceme...	09/21/2022

Attachment Details

Document Description: Outreach Inc 501 c3 Letter

Attachment Details

Document Description: FY 2021 Application

Attachment Details

Document Description: Project Replacement Letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official	Jennifer Fults
Date:	09/21/2022
Title:	Adminstrator
Applicant Organization:	City of Indianapolis
PHA Number (For PHA Applicants Only):	

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	09/07/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/12/2022
1E. SF-424 Compliance	09/12/2022
1F. SF-424 Declaration	09/12/2022
1G. HUD 2880	09/12/2022
1H. HUD 50070	09/12/2022
1I. Cert. Lobbying	09/12/2022
1J. SF-LLL	09/12/2022
IK. SF-424B	09/12/2022
2A. Subrecipients	09/20/2022
2B. Experience	09/12/2022
3A. Project Detail	09/12/2022
3B. Description	09/12/2022
Youth Homeless Demonstration Projects	09/12/2022
Special YHDP Activities	09/20/2022
4A. Services	09/12/2022
4A. HMIS Standards	No Input Required
4B. Housing Type	09/12/2022
4B. HMIS Training	No Input Required
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	09/12/2022
6E. Supp Srvcs Budget	09/12/2022
6G. HMIS Budget	09/12/2022
6H. Match	09/12/2022
6I. Summary Budget	No Input Required
7A. Attachment(s)	09/21/2022
7B. Certification	09/12/2022

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248467585
July 18, 2012 LTR 4168C E0
35-1989358 000000 00
00023645
BODC: TE

OUTREACH INC
% ERIC HOWARD
2822 E NEW YORK ST
INDIANAPOLIS IN 46201-3322

25295

Employer Identification Number: 35-1989358
Person to Contact: Mrs Pamela Skiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 09, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1996.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	YHDP Replacement Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	11/08/2021
4. Applicant Identifier:	
4a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Indianapolis

b. Employer/Taxpayer Identification Number (EIN/TIN): 35-6001063

	c. Organizational DUNS:	067890848	PLUS 4:	

d. Address

Street 1: 200 East Washington Street
Street 2: Suite 2042
City: Indianapolis
County: Marion
State: Indiana
Country: United States
Zip / Postal Code: 46204

e. Organizational Unit (optional)

Department Name: Metropolitan Development
Division Name: Community Economic Development

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.
First Name: Natalie
Middle Name:
Last Name: Roberts
Suffix:
Title: CoC Grant Manager
Organizational Affiliation: City of Indianapolis
Telephone Number: (317) 327-5806

Extension:
Fax Number: (317) 327-5908
Email: natalie.roberts@indy.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6500-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Indiana

15. Descriptive Title of Applicant's Project: 2022 YHDP Adult & Child System Navigation

16. Congressional District(s):

16a. Applicant: IN-007

16b. Project: IN-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2022

b. End Date: 09/30/2023

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults2@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	11/08/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Indianapolis
Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Organizational Affiliation:	City of Indianapolis
Telephone Number:	(317) 327-5899
Extension:	
Email:	jennifer.fults2@indy.gov
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip/Postal Code:	46204

2. Employer ID Number (EIN): 35-6001063

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: $130,000.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
OVW	Federal Grant	$31,575.00	Services
Domestic Violence Prevention and Treatment	Federal Grants	$25,000.00	Services
SSFV	Federal Grants	$1,000,000.00	Services/Rents
VOCA Victims of Crime Act	Federal Grant	$39,024.00	Services

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
na	na	na	$0.00	0%
na	na	na	$0.00	0%
na	na	na	$0.00	0%
na	na	na	$0.00	0%
na	na	na	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 11/08/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Indianapolis

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults2@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	11/08/2021

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Indianapolis

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 11/08/2021

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Indianapolis
Street 1:	200 East Washington Street
Street 2:	Suite 2042
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip / Postal Code:	46204

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults2@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	11/08/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1.	**Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.**

2.	**Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.**

3.	**Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.**

4.	**Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.**

5.	**Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).**

6.	**Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination**
	on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7.	**Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.**

8.	**Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.**

9.	**Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.**

10.	**Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.**

11.	**Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).**

12.	**Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.**

13.	**Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).**

14.	**Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.**

15.	**Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.**

16.	**Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.**

17.	**Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."**

18.	**Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.**

19.	**Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.**

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: City of Indianapolis

Prefix: Mrs.

First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	11/08/2021

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $130,000

Organization	Type	Type	Sub-Award Amount
Adult & Child Health	M. Nonprofit with 501C3 IRS Status		$130,000

2A. Project Subrecipients Detail

a. Organization Name: Adult & Child Health

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 35-1534713

	*** d. Organizational DUNS:**	052934114	**PLUS 4**	

e. Physical Address

Street 1: 222 East Ohio Street
Street 2: Suite 600
City: Indianapolis
State: Indiana
Zip Code: 46204

f. Congressional District(s): (for multiple selections hold CTRL key) IN-007

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $130,000

j. Contact Person

Prefix: Ms.
First Name: Jennifer
Middle Name:
Last Name: Disbro

Suffix:	
Title:	Director of Specialty Services
E-mail Address:	jdisbro@adultandchild.org
Confirm E-mail Address:	jdisbro@adultandchild.org
Phone Number:	317-452-5454
Extension:	
Fax Number:	

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

A&C currently has the only Continuum of Care (CoC) funded young adult housing project in Marion County. This RRH project is staffed by a case manager with lived experience of homelessness. The case manager provides landlord engagement, housing location, linkage to necessary community resources, and peer support services as a Certified Peer Support Specialist. In addition to services provided with CoC funding, A&C also provides additional wrap around services including but not limited to dedicated TAY clinical services, streamlined access to primary care, and a dedicated State Insurance Navigator. A&C has a decade long partnership with Outreach, Indianapolis's largest organization dedicated to serving both youth and young adults experiencing homelessness. During this time, A&C has assisted hundreds of young adults in obtaining permanent housing through both the CoC and other housing resources. A&C Health currently serves as the community's Coordinated Entry System (CES)Access Point for Young Adults which resulted in being awarded CHIP's Homeless Service Provider of the Year. Our work on this project and our passion for working with young adults propelled our application for the RRH Young Adult Housing project. We are currently funded for 12 RRH units. This project is currently rated 2nd highest in the city based on their quarterly
outcomes defined by CoC. A&C was awarded a SAMHSA funded Assertive Community Treatment (ACT) grant for the next five years. We have multiple DMHA state funded grants across the agency and have maintained HUD federal grants for over 20 years. DMHA has funded A&C's Transition Age Youth services projects for the past 5 years. A&C has multi-level system including policies and procedures that guide our practices, a third- party auditor to maintain federal guidelines, an annual financial board-approved budget, monthly financial oversight, and an accounting and revenue cycle team for claim submission and review.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

A&C Health has a mix of funding sources including Net Service Provisions (68%), Federal funding (5%), State Funding (8%), County (4%), Mental Health Recovery Funds (9%), and Other (6%). A&C has contracts with DCS and local probation departments to provide behavioral health and addiction services. Federal and local funding was secured to provide ACT services for persons experiencing homelessness. We receive state funding through Medicaid and Medicare and private and city funding for the Safe Haven project with Anthem. Outreach has maintained a diverse balance of funding sources. Most of the funding is from financial gifts from individuals (65%), companies and churches

(10.5%), in-kind contributions (10.3%), foundation grants (9.4%), and event contributions (5%). Outreach has experience in serving as sub-recipient grantee for federal funds through a 3-year Substance Abuse Mental Health Administration grant.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

A&C is led by a Board of Directors, CEO, Executive and Senior Leadership, and Team Leaders. A&C uses Microsoft Great Plains and Outreach uses Quickbooks software. A&C will be the fiduciary manager and work in conjunction with Outreach, having a dedicated cost center to manage and monitor financial activity specific to this grant. A&C will submit the claims for this project to the city while Outreach submits claims to A&C. Outreach is led by their CEO in collaboration with the 9 Board Members, CFO, Director of Operations, Accountant, and Office Manager. Oversight of this project includes a Team Leader/ Senior Leadership, and accounting department.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

1a. CoC Number and Name: IN-503 - Indianapolis CoC

2. CoC Collaborative Applicant Name: City of Indianapolis

3. Project Name: 2022 YHDP Adult & Child System Navigation

4. Project Status: Standard

5. Component Type: SSO

5a. Select the type of SSO project: Standalone Supportive Services

6. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3? No

8. Is this YHDP Replacement application requesting to replace an eligible YHDP renewal project that was awarded to the same recipient? (Attachment Requirement) Yes

8a. List the YHDP project being replaced.

Full Grant Number	Operating Start Date	Expiration Date	Component Type	Waiver	YHDP Community
IN0226Y5H031899	10/01/2020	09/30/2022	SSO	Yes	Indianapolis

IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2019 CoC Program Competition, a copy of the FY 2019 CoC Program Competition project application).

YHDP Replacement Projects cannot exceed the project budget set in the original YHDP Renewal.

8b. Provide a brief description that addresses the scope of the proposed YHDP Replacement project, how the Replacement project differs from the

YHDP project being replaced, and why the YHDP Replacement project is being applied for.

This project is the exact same as the existing Adult & Child System Navigation project. The only difference is to ask for a continuation of approved waivers/special activities and to ask for new special activities. and This project serves as the front door for the Coordinated Entry System for YYA. The proposal is for a System-wide YYA Navigator and CES Assessor. In collaboration with YYA, Navigator will triage needs, facilitate CES Assessments, and connection to community resources to meet goals of identified YYA. A&C has been an active in CES Refinement workgroups, advocating for the need of full-time YYA specific Navigators. The project will work with both existing partners as well as form new partnerships to ensure that all YYA are served. Some existing partners include Wheeler Mission, IPS school system, Lawrence, Washington, and Pike Township Schools, Stopover, PBSO, IYG, HIP and Children's Bureau. A favorable outcome will be the number of YYA who exit into housing services including permanent housing. Another outcome measure will include the number of YYA connected to resources including behavioral health, primary care, substance use, community supports, employment, and education.

8c. Please describe waivers/special activities attached to the original YHDP project being replaced and if you plan to reapply for the same waivers/special activities or new waivers/special activities.

The original waiver/special requirement that Adult & Child System Navigation approved on 10/27/2020 was:

•24 CFR 578.53(e)(15), to expand definitions of eligible costs to include driver’s license fees, car repair fees and gas cards.

The plan is to reapply for the same waiver/special requirement and apply for two more waivers that include reassessing client need and allowing administrative budget to cover youth and young adult input on project implementation.

8d. How will this YHDP Replacement project meet the goals established in the Coordinated Community Plan (CCP) developed by the applicant’s YHDP community?

The project is not changing its structure so it will meet the goals of the Coordinated Community Plan (CCP). In particular, this System Navigation project would meet the goal of improving identification and assessment of need at the front door of the homeless response system. A concentrated System Navigation where all youth and young adults are assessed allows for a more equitable assessment and streamlined approach.

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This project serves as the front door for the Coordinated Entry System for YYA. The proposal is for a System-wide YYA Navigator and CES Assessor. In collaboration with YYA, Navigator will triage needs, facilitate CES Assessments, and connection to community resources to meet goals of identified YYA. A&C has been an active in CES Refinement workgroups, advocating for the need of full-time YYA specific Navigators. The project will work with both existing partners as well as form new partnerships to ensure that all YYA are served. Some existing partners include Wheeler Mission, IPS school system, Lawrence, Washington, and Pike Township Schools, Stopover, PBSO, IYG, HIP and Children's Bureau. The Navigator will work in concert with school social workers, McKinney-Vento Liaisons, homeless service providers and other agency staff to identify, engage, and assess the housing and service needs of YYA. Eligibility includes all YYA in Marion Co. experiencing literal homelessness, imminent risk of homelessness or fleeing/attempt to flee DV. Targeted populations include unaccompanied minors, pregnant & parenting minors, unaccompanied YA (18-24), pregnant & parenting YA (18- 24), and all special populations. The project will exhibit flexibility in meeting the needs of YYA by eliminating barriers to access and meeting YYA at their preferred location. This includes being flexible in where, when, and how Navigation is conducted. This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness. Our overall goal is to align with the community's plan for YYA homelessness to be rare, short- lived, and recoverable. Ensuring timely and quality assessment, YYA are matched with housing interventions based on level of need which greatly improves housing outcomes. This project will have an inviting front door that takes into consideration the trauma of experiencing homelessness and instills hope in YYA. Staff from this project will walk alongside the YYA in their journey. All staff are trained in ongoing trauma-informed care best practices and approaches. This is vital to not re-traumatize YYA or add on to system trauma, so that YYA feel welcomed, valued, and heard. This definition matches the input provided by the YYA workgroup. Our performance measures include timeliness of responding to the YYA or referral source, the number of YYA assessed, the timeliness in completing CES Housing Needs Assessments, and gathering of supportive documents. A favorable outcome will be the number of YYA who exit into housing services including permanent housing. Another outcome measure will include the number of YYA connected to resources including behavioral health, primary care, substance use, community supports, employment, and education.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	1			
Leased or rental assistance units or structure, and supportive services near 100% capacity				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)

N/A - Project Serves All Subpopulations	☐	Domestic Violence	☐
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐
Families with Children	☐	HIV/AIDS	☐
		Chronic Homeless	☐
		Other (Click 'Save' to update)	☐

Other: LGBTQ+

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	☐

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	

	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

5d. Will the project follow a "Housing First" approach? Yes

6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

Youth Homeless Demonstration Projects

1. Will this project divert or assist homeless youth and households to rapidly exit homelessness? Yes

1a. Identify the list of housing problem solving activities that will occur in this project (You may select more than one)

Housing Search Assistance	X
Case Management	X
Deposits	
Other	

2. Is this a Host Homes Project? No

3. Please identify the specific populations addressed in this project

Pregnant/Parenting	X
Minors	X
Foster care/justice involved youth	X
Other	

4. Does this project plan to use Rental Assistance in the 2021 CoC Competition? No

5. Was this project awarded a waiver/YHDP Special Activity in the last YHDP or CoC Competition? Yes

a. If yes, what was the waiver/YHDP special activity?

Adult & Child System Navigation was awarded the following waivers/special activities on 10/27/2020:

•24 CFR 578.53(e)(15), to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.

6. Does the project plan on applying for a YHDP Special Activity in the 2021 CoC Competition? Yes

a. If yes, what is the YHDP Special Activity?

The waivers/special activities that Adult & Child System Navigation will apply for are:
•24 CFR 578.53(e)(15), to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.
•24 CFR 578.59(a)(1) , allow administrative funds to support costs (compensation) associated with involving young people in meaningful ways in project implementation.

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness. System Navigators will collaborate with other homeless service providers and youth-preferred organizations to meet with YYA in both their preferred settings as well as on different platforms. Adult and Child will hire staff with lived experience enhancing the understanding of the unique needs and challenges of YYA experiencing homelessness. This allows for an authentic connection and collaboration to the YYA served. The youth development approach engages YYA within their communities, organizations, and peer groups. This project is the front door to CES, is renewable, and has 1 assessor and 1 navigator.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Staff will work with YYA on navigating a provider list and community resources that can meet their needs and align with their values. Should YYA choose A&C Health as preferred provider, we are able to provide supportive employment, primary and behavioral health care, evidence- based youth development programming, and addiction services. This project will work with YYA on connecting to a community of natural supports. Staff will work in the community and connect with YYA at youth preferred location. Youth choice is an important pillar to this project and YYA will have choice to engage with various partners at time of coordinated intake. This project will collaborate with YAB and YYA on the development of an initial screening tool to assess the YYA needs. Staff will link YYA after needs are identified. We have existing staff that will train on mainstream resources available with eligibility requirements in the Indianapolis community. The project will focus on linkage to housing, employment, behavioral health, substance use treatment, prevention, and support services. Additionally, an assessment for housing needs will be completed. YYA will have the choice to work alongside the Navigator, Assessor, and case managers linking to various resources within the community including A&C, Indy's YES program, Eskenazi, and Community Health Network to provide supports needed for participants to increase employments/income and to maximize their ability to live independently.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed

Assistance with Moving Costs	Non-Partner	As needed
Case Management	Partner	Weekly
Child Care	Non-Partner	As needed
Education Services	Partner	Monthly
Employment Assistance and Job Training	Subrecipient	Monthly
Food	Partner	Weekly
Housing Search and Counseling Services	Non-Partner	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Non-Partner	Monthly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Subrecipient	Monthly
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Partner	As needed
Utility Deposits	Non-Partner	As needed

Identify whether the project includes the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? No

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice?

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Longitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?

5. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

6. Does your organization conduct a background check for all employees who access and view HMIS data?

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?

8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)?

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units:

Total Beds:

Housing Type	Housing Type (JOINT)	Units	Beds
None	---	--	--

4B. Housing Type and Location Detail

1. Housing Type: None

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

Activity	**Enter date of last training or proposed next training (mm/yyyy)**
Basic Computer Training	
HMIS Software Training for Sys Admin	09/2020
HMIS Software Training	09/2020
Data Quality Training	09/2020
Security Training	04/2022
Privacy/Ethics Training	04/2022
HMIS PIT Count Training	01/2022
Other (must specify)	

5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		1		1

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24				0
Persons ages 18-24		1		1
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	1	0	1

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24	1		0							
Total Persons	1	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023?	Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition?	YHDP Replacement
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a Grant Term:	1 Year

5. Select the costs for which funding is requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	X

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)	No

6E. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1.0 FTE CES Assessor, 1.0 FTE System Navigators, and .19 FTE Leadership/oversight (salary, benefits, payroll tax, equipment	$116,061
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff mileage at $0.50 per mile	$1,401
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$117,462
Grant Term		1 Year
Total Request for Grant Term		$117,462

Click the 'Save' button to automatically calculate totals.

6G. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen “6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services	Outreach 40.00$/User/Month 1FTE A&C 20.00$/User/Month 1FTE	$720
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$720
Grant Term:		1 Year
Total Request for Grant Term:		$720

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$68,884
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$68,884

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Private	Julie and Joe Wendel	$23,610
Cash	Private	Adult and Child H...	$25,960
Cash	Government	Adult and Child	$19,314

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source:
(Be as specific as possible and include the office or grant program as applicable) Julie and Joe Wendel

4. Amount of Written Commitment: $23,610

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source:
(Be as specific as possible and include the office or grant program as applicable) Adult and Child Health

4. Amount of Written Commitment: $25,960

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source:
(Be as specific as possible and include the office or grant program as applicable) Adult and Child

4. Amount of Written Commitment: $19,314

6I. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$117,462
4. Operating	$0
5. HMIS	$720
6. Sub-total Costs Requested	$118,182
7. Admin (Up to 10%)	$11,818
8. Total Assistance plus Admin Requested	$130,000
9. Cash Match	$68,884
10. In-Kind Match	$0
11. Total Match	$68,884
12. Total Budget	$198,884

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Adult and Child 5...	10/22/2021
2) Other Attachmenbt	No	Original Adult & ...	11/04/2021
3) Other Attachment	No	Waivers/Special A...	11/04/2021

Attachment Details

Document Description: Adult and Child 501 C3

Attachment Details

Document Description: Original Adult & Child System Navigation

Attachment Details

Document Description: Waivers/Special Activities Letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Jennifer Fults

Date: 11/08/2021

Title: Adminstrator

Applicant Organization: City of Indianapolis

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/20/2021
1E. SF-424 Compliance	10/20/2021
1F. SF-424 Declaration	10/20/2021
1G. HUD 2880	10/20/2021
1H. HUD 50070	10/20/2021
1I. Cert. Lobbying	10/20/2021
1J. SF-LLL	10/20/2021
IK. SF-424B	10/20/2021
2A. Subrecipients	10/20/2021
2B. Experience	10/20/2021
3A. Project Detail	11/08/2021
3B. Description	11/08/2021
Youth Homeless Demonstration Projects	11/01/2021
4A. Services	10/22/2021
4A. HMIS Standards	No Input Required
4B. Housing Type	10/22/2021
4B. HMIS Training	No Input Required
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	10/22/2021
6E. Supp Srvcs Budget	10/22/2021
6G. HMIS Budget	10/22/2021
6H. Match	10/22/2021
6I. Summary Budget	No Input Required
7A. Attachment(s)	11/04/2021
7B. Certification	10/22/2021

Internal Revenue Service

Date: July 30, 2004

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Adult and Child mental health Center Inc.
8320 Madison Avenue
Indianapolis, IN 46227

Person to Contact:
Ms. Edwards 31-07427
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
35-1534713

Dear Sir or Madam:

This is in response to your request of July 30, 2004, regarding your organization's tax-exempt status.

In August 1982 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

[redacted]

Internal Revenue Service
District Director

Department of the Treasury

Date: AUG 18 1982

Employer Identification Number:
35-1534713
Accounting Period Ending:
June 30
Form 990 Required: [X] Yes [ ] No

Adult and Child Mental Health
Center, Inc.
8110 Madison Avenue
Indianapolis, IN 46227

Person to Contact:
Joseph Russo
Contact Telephone Number:
513-684-3578

CIN: EO: '82 1 8 5 8

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than $10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

P.O. Box 2508, Cincinnati, OH 45201

Letter 947 (DO) 9-77

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are ·bject to this tax, you must file an income tax return on Form 990-T. In this ·tter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

'or tax years ending on or after December 31, 1982, you are required to file Form ,90 only if your gross receipts each year are normally more than $25,000, instead of $10,000 as indicated.

This ruling is based on evidence that your funds are dedicated to the purposes set out in section 501(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be positive evidence that the funds remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	YHDP New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/01/2020
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Indianapolis

b. Employer/Taxpayer Identification Number (EIN/TIN): 35-6001063

	c. Organizational DUNS:	067890848	PLUS 4:	

d. Address

Street 1: 200 East Washington Street
Street 2: Suite 2042
City: Indianapolis
County: Marion
State: Indiana
Country: United States
Zip / Postal Code: 46204

e. Organizational Unit (optional)

Department Name: Metropolitan Development
Division Name: Community Economic Development

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.
First Name: Courtney
Middle Name:
Last Name: Purnell
Suffix:
Title: Human Services Grant Manager
Organizational Affiliation: City of Indianapolis
Telephone Number: (317) 327-5806

Extension:
Fax Number: (317) 327-5806
Email: courtney.purnell@indy.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-35

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Indiana

15. Descriptive Title of Applicant's Project: 2019 YHDP - Adult & Child System Navigation

16. Congressional District(s):

a. Applicant: IN-007

b. Project: IN-007

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2020

b. End Date: 09/30/2022

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/01/2020

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Indianapolis
Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Organizational Affiliation:	City of Indianapolis
Telephone Number:	(317) 327-5899
Extension:	
Email:	jennifer.fults@indy.gov
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip/Postal Code:	46204

2. Employer ID Number (EIN): 35-6001063

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $260,000.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
OVW	Federal Grant	$31,575.00	Services
Domestic Violence Prevention and Treatment	Federal Grants	$25,000.00	Services
SSFV	Federal Grants	$1,000,000.00	Services/Rents
VOCA Victims of Crime Act	Federal Grant	$39,024.00	Services

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
na	na	na	$0.00	0%
na	na	na	$0.00	0%
na	na	na	$0.00	0%
na	na	na	$0.00	0%
na	na	na	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/01/2020

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Indianapolis

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/01/2020

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Indianapolis

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/01/2020

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Indianapolis
Street 1:	200 East Washington Street
Street 2:	Suite 2042
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip / Postal Code:	46204

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/01/2020

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $260,000

Organization	Type	Sub-Award Amount
Adult & Child Health	M. Nonprofit with 501C3 IRS Status	$260,000

2A. Project Subrecipients Detail

a. Organization Name: Adult & Child Health

b. Organization Type: M. Nonprofit with 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 35-1534713

	d. Organizational DUNS:	052934114	PLUS 4:	

e. Physical Address

Street 1: 222 East Ohio Street

Street 2: Suite 600

City: Indianapolis

State: Indiana

Zip Code: 46204

f. Congressional District(s): (for multiple selections hold CTRL key) IN-007

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $260,000

j. Contact Person

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name:	Disbro
Suffix:	
Title:	Director of Specialty Services
E-mail Address:	jdisbro@adultandchild.org
Confirm E-mail Address:	jdisbro@adultandchild.org
Phone Number:	317-452-5454
Extension:	
Fax Number:	317-635-3372

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

A&C currently has the only Continuum of Care (CoC) funded young adult housing project in Marion County. This RRH project is staffed by a case manager with lived experience of homelessness. The case manager provides landlord engagement, housing location, linkage to necessary community resources, and peer support services as a Certified Peer Support Specialist. In addition to services provided with CoC funding, A&C also provides additional wrap around services including but not limited to dedicated TAY clinical services, streamlined access to primary care, and a dedicated State Insurance Navigator.

A&C has a decade long partnership with Outreach, Indianapolis's largest organization dedicated to serving both youth and young adults experiencing homelessness. During this time, A&C has assisted hundreds of young adults in obtaining permanent housing through both the CoC and other housing resources. A&C Health currently serves as the community's Coordinated Entry System (CES)Access Point for Young Adults which resulted in being awarded CHIP's Homeless Service Provider of the Year. Our work on this project and our passion for working with young adults propelled our application for the RRH Young Adult Housing project. We are currently funded for 12 RRH units. This project is currently rated 2nd highest in the city based on their quarterly outcomes defined by CoC.

A&C was awarded a SAMHSA funded Assertive Community Treatment (ACT) grant for the next five years. We have multiple DMHA state funded grants across the agency and have maintained HUD federal grants for over 20 years. DMHA has funded A&C's Transition Age Youth services projects for the past 5 years.

A&C has multi-level system including policies and procedures that guide our practices, a third- party auditor to maintain federal guidelines, an annual financial board-approved budget, monthly financial oversight, and an accounting and revenue cycle team for claim submission and review.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

A&C Health has a mix of funding sources including Net Service Provisions (68%), Federal funding (5%), State Funding (8%), County (4%), Mental Health Recovery Funds (9%), and Other (6%). A&C has contracts with DCS and local probation departments to provide behavioral health and addiction services. Federal and local funding was secured to provide ACT services for persons

experiencing homelessness. We receive state funding through Medicaid and Medicare and private and city funding for the Safe Haven project with Anthem.

Outreach has maintained a diverse balance of funding sources. Most of the funding is from financial gifts from individuals (65%), companies and churches (10.5%), in-kind contributions (10.3%), foundation grants (9.4%), and event contributions (5%). Outreach has experience in serving as sub-recipient grantee for federal funds through a 3-year Substance Abuse Mental Health Administration grant.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

A&C is led by a Board of Directors, CEO, Executive and Senior Leadership, and Team Leaders. A&C uses Microsoft Great Plains and Outreach uses Quickbooks software. A&C will be the fiduciary manager and work in conjunction with Outreach, having a dedicated cost center to manage and monitor financial activity specific to this grant. A&C will submit the claims for this project to the city while Outreach submits claims to A&C. Outreach is led by their CEO in collaboration with the 9 Board Members, CFO, Director of Operations, Accountant, and Office Manager. Oversight of this project includes a Team Leader/ Senior Leadership, and accounting department.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?	No

3A. Project Detail

1a. CoC Number and Name:	IN-503 - Indianapolis CoC
1b. CoC Collaborative Applicant Name:	City of Indianapolis
2. Project Name:	2019 YHDP - Adult & Child System Navigation
3. Project Status:	Standard
4. Component Type:	SSO
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Was this project funded under the Youth Homeless Demonstration Program (YHDP)?	Yes

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This project serves as the front door for the Coordinated Entry System for YYA. The proposal is for a System-wide YYA Navigator and CES Assessor. In collaboration with YYA, Navigator will triage needs, facilitate CES Assessments, and connection to community resources to meet goals of identified YYA. A&C has been an active in CES Refinement workgroups, advocating for the need of full-time YYA specific Navigators.

The project will work with both existing partners as well as form new partnerships to ensure that all YYA are served. Some existing partners include Wheeler Mission, IPS school system, Lawrence, Washington, and Pike Township Schools, Stopover, PBSO, IYG, HIP and Children's Bureau. The Navigator will work in concert with school social workers, McKinney-Vento Liaisons, homeless service providers and other agency staff to identify, engage, and assess the housing and service needs of YYA.

Eligibility includes all YYA in Marion Co. experiencing literal homelessness, imminent risk of homelessness or fleeing/attempt to flee DV. Targeted populations include unaccompanied minors, pregnant & parenting minors, unaccompanied YA (18-24), pregnant & parenting YA (18- 24), and all special populations. The project will exhibit flexibility in meeting the needs of YYA by eliminating barriers to access and meeting YYA at their preferred location. This includes being flexible in where, when, and how Navigation is conducted. This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness.

Our overall goal is to align with the community's plan for YYA homelessness to be rare, short- lived, and recoverable. Ensuring timely and quality assessment, YYA are matched with housing interventions based on level of need which greatly improves housing outcomes. This project will have an inviting front door that takes into consideration the trauma of experiencing homelessness and instills hope in YYA. Staff from this project will walk alongside the YYA in their journey. All staff are trained in ongoing trauma-informed care best practices and approaches. This is vital to not re-traumatize YYA or add on to system trauma, so that YYA feel welcomed, valued, and heard. This definition matches the input provided by the YYA workgroup.

Our performance measures include timeliness of responding to the YYA or referral source, the number of YYA assessed, the timeliness in completing CES Housing Needs Assessments, and gathering of supportive documents. A favorable outcome will be the number of YYA who exit into housing services including permanent housing. Another outcome measure will include the number of YYA connected to resources including behavioral health, primary care, substance use, community supports, employment, and education.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	1			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless		Domestic Violence	X
Veterans	X	Substance Abuse	X
Youth (under 25)	X	Mental Illness	X
Families		HIV/AIDS	X
		Other (Click 'Save' to update)	X

Other: LGBTQ

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure?	No
9. Please select the type of SSO project:	Standalone Supportive Services

Youth Homeless Demonstration Projects

1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? OR Does this project carry out housing problem-solving activities? Yes

1a. Please identify the list of housing problem solving activities that will occur in this project (You may select more than one)

Housing Search Assistance	X
Case management, including connecting to community services and supports	X
Conflict resolution or family mediation	
Landlord-tenant mediation or tenant legal	
Utility or security deposits	
One time moving assistance	
Rental application fees	
Utility or rental arrears	
Other	

2. Is this a Host Homes Project? No

3. Please identify the specific populations addressed in this project

Pregnant/Parenting	X
Minors	X
Foster care/justice involved youth	X
Other	

4. Does this project plan to use Rental Assistance in the 2019 YHDP Program? No

5. Does the project plan on applying for Special YHDP activities in the YHDP program? Yes

5a. If yes, what is the special YHDP activity? Please attach all documents related to the special activity to this application. (special activity document memo, any supporting documentation, etc.)

Adult and Child Health's System Navigation project is requesting to waive:
•24 CFR 578.374(a)(1)(ii)(E), the requirement to annually reassess a program participant's continued eligibility for assistance. We propose that young people who show a demonstrated need for continued support are able to maintain their initial eligibility for ongoing or intermittent assistance.
•24 CFR 578.53(e)(15), to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.

6. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	X

Enter additional information about the following budget line items:

Supportive Services:

The Adult and Child System Navigation Budget will include primarily two staff positions, a coordinated entry assessor and a system navigator, 2 FTE's. This budget follows the community's plan to address Youth and Young Adult homelessness.

HMIS:

The HMIS budget will cover monthly software fees.

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.	X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness. System Navigators will collaborate with other homeless service providers and youth-preferred organizations to meet with YYA in both their preferred settings as well as on different platforms. Adult and Child will hire staff with lived experience enhancing the understanding of the unique needs and challenges of YYA experiencing homelessness. This allows for an authentic connection and collaboration to the YYA served. The youth development approach engages YYA within their communities, organizations, and peer groups. This project is the front door to CES, is renewable, and has 1 assessor and 1 navigator.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Staff will work with YYA on navigating a provider list and community resources that can meet their needs and align with their values. Should YYA choose A&C Health as preferred provider, we are able to provide supportive employment, primary and behavioral health care, evidence- based youth development programming, and addiction services. This project will work with YYA on connecting to a community of natural supports. Staff will work in the community and connect with YYA at youth preferred location. Youth choice is an important pillar to this project and YYA will have choice to engage with various partners at

time of coordinated intake. This project will collaborate with YAB and YYA on the development of an initial screening tool to assess the YYA needs. Staff will link YYA after needs are identified. We have existing staff that will train on mainstream resources available with eligibility requirements in the Indianapolis community.

The project will focus on linkage to housing, employment, behavioral health, substance use treatment, prevention, and support services. Additionally, an assessment for housing needs will be completed. YYA will have the choice to work alongside the Navigator, Assessor, and case managers linking to various resources within the community including A&C, Indy's YES program, Eskenazi, and Community Health Network to provide supports needed for participants to increase employments/income and to maximize their ability to live independently.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Partner	Weekly
Child Care		Non-Partner	As needed
Education Services		Partner	Monthly
Employment Assistance and Job Training		Subrecipient	Monthly
Food		Partner	Weekly
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	Monthly
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Subrecipient	Monthly
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Partner	As needed
Utility Deposits		Non-Partner	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?	No
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	No

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the 2017 HMIS Data Standards?

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

Activity	**Enter date of last training or proposed next training (mm/yyyy)**
Basic Computer Training	
HMIS Software Training for Sys Admin	
HMIS Software Training	
Data Quality Training	
Security Training	
Privacy/Ethics Training	
HMIS PIT Count Training	
Other (must specify)	

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units:

Total Beds:

Housing Type	Housing Type (JOINT)	Units	Beds
None	---	--	--

4B. Housing Type and Location Detail

1. Housing Type: None

5A. Project Participants - Households

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		1		1

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24				0
Persons ages 18-24		1		1
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	1	0	1

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24			1							
Total Persons	0	0	1	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?	Yes
2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program?	YHDP
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	2 Years

*** 5. Select the costs for which funding is being requested:**

Acquisition/Rehabilitation/New Construction	
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	X

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1.0 FTE CES Assessor, 1.0 FTE System Navigators, and .19 FTE Leadership/oversight (salary, benefits, payroll tax, equipment	$116,061
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff Mileage reimbursed at $.50 per mile	$1,401
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$117,462
Grant Term		2 Years
Total Request for Grant Term		$234,924

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen “6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services	Outreach 40.00$/User/Month 1FTE A&C 20.00$/User/Month 1FTE	$720
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$720
Grant Term:		2 Years
Total Request for Grant Term:		$1,440

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$68,884
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$68,884

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Julie and Joel We...	05/21/2020	$23,610
Yes	Cash	Private	Adult and Child H...	06/30/2020	$25,960
Yes	Cash	Government	Adult and Child	06/30/2020	$19,314

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Julie and Joel Wendel
5. Date of Written Commitment:	05/21/2020
6. Value of Written Commitment:	$23,610

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Adult and Child Health
5. Date of Written Commitment:	06/30/2020
6. Value of Written Commitment:	$25,960

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Government
4. Name the source of the commitment: (Be as specific as possible and include the	Adult and Child

office or grant program as applicable)

5. Date of Written Commitment: 06/30/2020

6. Value of Written Commitment: $19,314

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			
1b. Rehabilitation			
1c. New Construction			
2a. Leased Units	$0	2 Years	$0
2b. Leased Structures	$0	2 Years	$0
3. Rental Assistance	$0	2 Years	$0
4. Supportive Services	$117,462	2 Years	$234,924
5. Operating	$0	2 Years	$0
6. HMIS	$720	2 Years	$1,440
7. Sub-total Costs Requested			$236,364
8. Admin (Up to 10%)			$23,636
9. Total Assistance Plus Admin Requested			$260,000
10. Cash Match			$68,884
11. In-Kind Match			$0
12. Total Match			$68,884
13. Total Budget			$328,884

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Adult & Child Hea...	06/29/2020
3) Other Attachment(s)	No	A&C Waiver Reques...	07/01/2020
2) Other Attachment(s)	No	A&C YHDP Lead and...	07/01/2020

Attachment Details

Document Description: Adult & Child Health 501 c 3 determination

Attachment Details

Document Description: A&C Waiver Request Letter

Attachment Details

Document Description: A&C YHDP Lead and YAB Letters

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Jennifer Fults

Date: 07/01/2020

Title: Adminstrator

Applicant Organization: City of Indianapolis

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	06/30/2020
1E. SF-424 Compliance	06/29/2020
1F. SF-424 Declaration	06/29/2020
1G. HUD 2880	06/29/2020
1H. HUD 50070	06/29/2020
1I. Cert. Lobbying	06/29/2020
1J. SF-LLL	06/29/2020
2A. Subrecipients	06/29/2020
2B. Experience	06/29/2020
3A. Project Detail	06/29/2020
3B. Description	06/30/2020
Youth Homeless Demonstration Projects	07/01/2020
4A. Services	06/29/2020
4A. HMIS Standards	No Input Required
4B. HMIS Training	No Input Required
4B. Housing Type	06/29/2020
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	06/29/2020
6F. Supp Srvcs Budget	06/30/2020
6H. HMIS Budget	06/30/2020
6I. Match	06/30/2020
6J. Summary Budget	No Input Required
7A. Attachment(s)	07/01/2020
7D. Certification	06/30/2020

Internal Revenue Service

Date: July 30, 2004

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Adult and Child mental health Center Inc.
8320 Madison Avenue
Indianapolis, IN 46227

Person to Contact:
Ms. Edwards 31-07427
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
35-1534713

Dear Sir or Madam:

This is in response to your request of July 30, 2004, regarding your organization's tax-exempt status.

In August 1982 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

[redacted]

Internal Revenue Service
District Director

Department of the Treasury

Date: AUG 18 1982

Employer Identification Number:
35-1534713
Accounting Period Ending:
June 30
Form 990 Required: [X] Yes [ ] No

Adult and Child Mental Health
Center, Inc.
8110 Madison Avenue
Indianapolis, IN 46227

Person to Contact:
Joseph Russo
Contact Telephone Number:
513-684-3578

CIN: EO: '82 1 8 5 8

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than $10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

P.O. Box 2508, Cincinnati, OH 45201

Letter 947 (DO) 9-77

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are ·bject to this tax, you must file an income tax return on Form 990-T. In this ·tter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

'or tax years ending on or after December 31, 1982, you are required to file Form ,90 only if your gross receipts each year are normally more than $25,000, instead of $10,000 as indicated.

This ruling is based on evidence that your funds are dedicated to the purposes set out in section 501(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be positive evidence that the funds remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

July 1, 2020

Mr. John Dorgan
CPD Director
Department of Housing and Urban Development
575 North Pennsylvania, Room 655
Indianapolis, IN 46204

Re: Youth Homelessness Demonstration Program Grant
CoC: IN 503 Indianapolis
Grantee: Adult and Child Health

Mr. Dorgan:

The City of Indianapolis is a Grantee of the FY2018 Youth Homelessness Demonstration Program (YHDP) funding. The City of Indianapolis received the funding in 2019 and completed its *Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness* in early 2020. The City has awarded six different projects to address the needs identified in the plan. Each of the projects is seeking multiple waivers to the interim rule to meet the different needs of youth and young adults.

Specifically, Adult and Child Health's System Navigation project is requesting to waive:

- 24 CFR 578.374(a)(1)(ii)(E), the requirement to annually reassess a program participant's continued eligibility for assistance. We propose that young people who show a demonstrated need for continued support are able to maintain their initial eligibility for ongoing or intermittent assistance.
- 24 CFR 578.53(e)(15), to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.

We are committed to creating and implementing a response system that provide the maximum amount of flexibility for young people to self-resolve their homelessness while providing young people who need intensive services access to permanent housing with on-going supports. With the above waivers, the system navigation project will be a part of a flexible system to meet those varying needs.

Please see the attached detailed information and justifications information about the intervention and the waiver request. Please contact me at Jennifer.Fults2@Indy.Gov or at 317-327-5899 if you need additional information regarding this request. Thank you for your consideration.

Sincerely,

Jennifer Fults

Jennifer Fults
Administrator

Type	Rental Assistance
Category	Eligibility for Assistance
Request	Waive the requirement to annually reassess a program participant's continued eligibility for assistance. We propose that young people who show a demonstrated need for continued support are able to maintain their initial eligibility for ongoing or intermittent assistance.
Citation	24 CFR 578.374(a)(1)(ii)(E)
Justification	The target populations for this project are young people between the ages of 18 – 24 who are experiencing (Category 1 & 4) homelessness with the flexibility to serve young people at risk (Category 2). The system design is focused on diverting young people from the homeless response system when there is a safe and appropriate housing options. We recognize some young people may exit a program but not necessarily into stable housing and may need ongoing intermittent assistance. Young people face barriers to retaining housing, such as job instability that require them to need ongoing intermittent assistance. This will allow young people to go off of rental assistance but continue to receive case management and support, while also leaving the option open to come back into rental assistance (until they receive a maximum of 24 months of non-consecutive) if needed.
Agency requesting	Project Prism, Damien Center, Trinity Haven Host Homes, Outreach Inc. Diversion, Adult & Child System Navigation, City TH-RRH

Type	Rental Assistance
Category	Length of Assistance
Request	Extend allowable maximum number of months to be 36 months
Citation	24 CFR 578.51(a)1(i); 24 CFR 578.37(a)1(ii)(C)
Justification	RRH is rental assistance is prioritized through CES to those with the highest needs. High complex service needs scores indicate harder to house populations who may take more time to stabilize and move towards independence. Also, many young people experiencing homelessness have not yet had the opportunity to develop life skills

	or job experience and therefore sometimes take longer to be able to live independently in their own housing. There are not a lot of move-on options in the community for all populations. In addition, when looking at move out it is typically at 50% of income instead of 30%.
Agency requesting	Damien Center, Project Prism, City TH-RRH

Type	Supportive Services
Category	Eligible Costs
Request	Allow payments to be made to a hotel/motel for an emergency stay an eligible cost, consistent with ESG 576.102(a)(3). In addition to the eligible costs listed in the rule, make housing debts (utilities) consistent with ESG 576.105(a)(5)
Citation	24 CFR 578.53.51
Justification	We recognize this is not about creating shelter through motels/hotels but having the ability within our diversion and host homes model to access if there is an immediate need to move a young person into safe environments while waiting for housing. During this season of COVID-19, young people are under employed. Even with rental assistance, a young person may not be able to maintain their utility bills and need assistance. Organizations make every attempt to locate housing options with utilities included as part of the monthly rent, however, this is not always possible.
Agency requesting	Outreach Inc. Diversion, Trinity Haven Host Homes, Project Prism, Damien Center, City TH-RRH

Type	Supportive Services
Category	Eligible Costs
Request	Expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards
Citation	24 CFR 578.53(e)(15)
Justification	Eligible costs currently include "the costs of program participants' travel on public transportation or in a vehicle provided by the

	recipient or sub-recipient to and from medical care, employment, childcare and other services eligible under this section" and "if public transportation options are not sufficient with the area, the recipient may make a one-time payment on behalf on the program participant needing care repairs or maintenance required to operate a personal vehicle". This indicates HUD acknowledges person transportation may be needed in some cases. Young people have indicated transportation is a large barrier to success and informed public transportation does not feel safe and can be triggering. It is more cost effective to sometimes support young people transporting themselves rather than covering lease of an organization car, gas, staff to transport, etc.
Agency requesting	Outreach Inc. Diversion, Trinity Haven Host Homes, Project Prism, Adult & Child System Navigation, Damien Center, City TH-RRH

COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION

June 29, 2020

To Whom it May Concern:

As the lead YHDP lead agency in Indianapolis, Coalition of Homelessness Intervention and Prevention (CHIP) approves the application from Adult & Child in partnership with Outreach Inc. for the YHDP System Navigation project on behalf of the Indianapolis Continuum of Care. In accordance with our Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness, this project will increase capacity for the Indianapolis coordinated entry system targeted to youth and young adults.

Sincerely,

Dr. Chelsea Haring – Cozzi
Executive Director
Coalition for Homelessness Intervention and Prevention (CHIP)

1100 W. 42nd Street, Suite 350, Indianapolis, IN 46208 Phone: 317.630.0853 Fax: 317.630.0856 www.chipindy.org

Indianapolis Continuum of Care

Youth Action Board

June 29, 2020

Due to the current season of COVID-19, Youth Action Board (YAB) members were involved in the selection of YHDP projects in varying capacities. Two members participated in the RFP Workgroup, in which all proposals were reviewed, ranked and rated. Once project selections were made, the remaining YAB members reviewed the proposed list of selected projects, via phone, Zoom or in person, and provided their recommendations. Selected projects were given the recommendation from YAB and amendments made to their projects. Projects were approved by all YAB members before finalized for submission.

On behalf of the full YAB, we confirm the YAB reviewed and approved the applications of the selected projects and believe it to be in alignment with Indianapolis' Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness.

Sincerely,

Adam Sessoms

YAB Member – RFP Workgroup Member

Nikki Dodd

YAB Member – RFP Workgroup Member

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YAB Member – RFP Workgroup Member

Nikki Dodd

YAB Member – RFP Workgroup Member

July 1, 2020

Mr. John Dorgan
CPD Director
Department of Housing and Urban Development
575 North Pennsylvania, Room 655
Indianapolis, IN 46204

Re: Youth Homelessness Demonstration Program Grant
CoC: IN 503 Indianapolis
Grantee: Adult and Child Health

Mr. Dorgan:

The City of Indianapolis is a Grantee of the FY2018 Youth Homelessness Demonstration Program (YHDP) funding. The City of Indianapolis received the funding in 2019 and completed its *Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness* in early 2020. The City has awarded six different projects to address the needs identified in the plan. Each of the projects is seeking multiple waivers to the interim rule to meet the different needs of youth and young adults.

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Agency requesting	Outreach Inc. Diversion, Trinity Haven Host Homes, Project Prism, Adult & Child System Navigation, Damien Center, City TH-RRH

INDIANAPOLIS
METROPOLITAN DEVELOPMENT

October 25, 2021
Re: Youth Homelessness Demonstration Program Grant
CoC: IN 503 Indianapolis
Grantee: Adult&Child System Navigation

The City of Indianapolis is a Grantee of the FY2018 Youth Homelessness Demonstration Program (YHDP) funding. The City of Indianapolis received the funding in 2019 and completed its Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness in early 2020. The City has awarded six different projects to address the needs identified in the plan. Each of the projects is seeking multiple waivers/special requirements to the interim rule to meet the different needs of youth and young adults. Specifically, the City of Indianapolis as the applicant of the Adult&Child System Navigation project is requesting to waive:

Current Waivers/Special Requirements for Reapplication

- 24 CFR 578.53 (e)(15) to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.

New Waivers/Special Requirements to Apply For:

- 24 CFR 578.374 (aJ(σJ(iiJ(EJ, the requirement to annually reassess a program participant's continued eligibility for assistance. We propose that young people who show a demonstrated need for continued support are able to maintain their initial eligibility for ongoing or intermittent assistance.
- 24 CFR 578.59(a)(1) In addition to the eligible costs listed in the rule, allow administrative funds to support costs (compensation) associated with involving young people in meaningful ways in project implementation.

We are committed to creating and implementing a response system that provide the maximum amount of flexibility for young people to self-resolve their homelessness while providing young people who need intensive services access to permanent housing with on-going supports. With the above waivers, the transitional housing to rapid re-housing project will be a part of a flexible system to meet those varying needs.

Please see the attached detailed information and justifications information about the

intervention and the waiver request. Please contact me at Jennifer.Fults2@Indy.Gov or at 317-327-5899 if you need additional information regarding this request. Thank you for your consideration.

Sincerely,

Jennifer Fults
Administrator

Indianapolis Youth Action Board (YAB)

October 25, 2021
Re: Youth Homelessness Demonstration Program Grant
CoC: IN 503 Indianapolis
Grantee: Adult&Child System Navigation

On October 15th, 2021 the Indianapolis Youth Action Board (YAB) voted to approve the following waivers for application and reapplication.

Current Waivers/Special Requirements for Reapplication

- 24 CFR 578.53 (e)(15) to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.

New Waivers/Special Requirements to Apply For:

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Please see the attached detailed information and justifications information about the intervention and the waiver request. Thank you for your consideration.

Sincerely,

Lauren Long
Youth Action Board Member

INDIANAPOLIS
METROPOLITAN DEVELOPMENT

September 19, 2022

The YHDP Team Lead has reviewed the application and endorses the replacement of 2022 Adult and Child System Navigation (IN0245Y5H032100).

After reviewing the replacement project, the YHDP Team Lead has confirmed that 2023 Outreach System Navigation aligns with the Indianapolis Coordinated Community Plant to Prevent and End Youth and Young Adult Homelessness.

The YHDP Team Lead and YAB are committed to working with Outreach Inc to continue building System Navigation to work for youth and young adults facing homelessness in Indianapolis.

Sincerely,

Natalie Roberts

YHDP Team Lead

THE CITY OF
INDIANAPOLIS
METROPOLITAN DEVELOPMENT

September 19, 2022

To Whom it May Concern:

As the lead YHDP Collaborative Applicant in Indianapolis, City of Indianapolis, approves the replacement application for 2023 YHDP Outreach System Navigation project. In accordance with the Indianapolis Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness, this project will provide services to help youth and young adults people who are experiencing homelessness.

Sincerely,

Jennifer J. Fults
Administrator
City of Indianapolis, Department of Metropolitan Development

THE CITY OF
INDIANAPOLIS

INDIANAPOLIS
METROPOLITAN DEVELOPMENT

September 19, 2022

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After reviewing the replacement project, the YHDP Team Lead has confirmed that 2023 Outreach System Navigation aligns with the Indianapolis Coordinated Community Plant to Prevent and End Youth and Young Adult Homelessness.

The YHDP Team Lead and YAB are committed to working with Outreach Inc to continue building System Navigation to work for youth and young adults facing homelessness in Indianapolis.

Sincerely,

Natalie Roberts

YHDP Team Lead

THE CITY OF
INDIANAPOLIS
METROPOLITAN DEVELOPMENT

September 19, 2022

To Whom it May Concern:

As the lead YHDP Collaborative Applicant in Indianapolis, City of Indianapolis, approves the replacement application for 2023 YHDP Outreach System Navigation project. In accordance with the Indianapolis Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness, this project will provide services to help youth and young adults people who are experiencing homelessness.

Sincerely,

Jennifer J. Fults
Administrator
City of Indianapolis, Department of Metropolitan Development

THE CITY OF
INDIANAPOLIS